

## IRON POISONING

small child in the house should be made particularly aware of the hazard of iron ingestion. Preventive pediatric care can be practiced optimally when the parent is given a one ounce bottle of syrup of ipecac at the 10 to 12 month well child visit along with proper instructions for its use. Parents may refresh their information on the use of ipecac by calling their physician or a poison information center.

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## Lymphedema After Mastectomy

DR. LEIS: Patients do get swollen arms after mastectomies. And let me emphasize that they also get swollen arms after just radiation therapy . . . You get about the same percentage of arm edema as you would if you did a radical mastectomy. The lymphatics are destroyed one way or another. You also get the same percentage of arm edema in doing a simple mastectomy and following it with radiation therapy as you do with a standard radical. We define significant arm edema as being over 3 cm in measurement in the forearm as compared to the other forearm. And we know that you can increase this chance of edema by having an obese patient . . .

DR. JONES: We do a number of things to avoid lymphedema. We try to avoid a skin slough by several means. We leave about 4 to 5 ml of fat on the skin. I think it's clear that, if you get the skin flaps too thin, you can get a slough; and, in the process of sloughing and healing, you'll get plugging of the remaining lymphatics and are more likely to get a permanent edema. We usually trim the edge of the skin flaps where we've been holding on with clamps of any kind. We avoid closing under tension . . . We don't pull the catheters before the fluid has quit draining. We avoid the cephalic vein in our dissection and that's why I think many surgeons leave part of the pectoralis major muscle so that we can avoid that cephalic vein—not for the vein so much as for the fact that, frequently, the only lymphatic coming from the arm in postradical mastectomy patients is the lymphatic that accompanies that vein . . . With any sign of edema, we put stockings on; Jobst stockings are preferred. We start exercise in about 7 to 9 days. We don't use postoperative irradiation unless clearly indicated, since, as Dr. Leis indicated, this definitely increases the risk of arm edema. We carefully instruct every patient on the care of the hand. We warn them that if an infection develops in their hand sometime postoperatively, they're apt to end up with a delayed edema because of plugging of the remaining lymphatics.

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